

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2648	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Michael M. Magwani P.O. Box, Bldg., Room No., if any N/A Street 342 Moreno Court City Henderson State NEVADA ZIP Code + 4 89044	4. Name, file number, and address of labor organization. Name Professional, Clerical and Miscellaneous Employees, Teamsters Local Union Number 995 Labor Organization File Number 066-774 P.O. Box, Building and Room Number, if any N/A Street 300 Shadow Lane City Las Vegas State NEVADA ZIP Code + 4 89106-4306
5. Position in labor organization. Secretary - Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>6-27-05</u> Date	<u>702-898-0018</u> Telephone Number

Name of Person Filing <i>Michael M. Moynani</i>	File Number U- <i>2648</i>
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>N/A</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Phil E. Davidson - Senior Consultant</i></p> <p>Trade Name, if any: <i>Milliman Consultants and Actuaries</i></p> <p>P.O. Box, Bldg., Room No., if any <i>N/A</i></p> <p>Street <i>650 California Street, 17th Floor</i></p> <p>City <i>SAN FRANCISCO</i></p> <p>State <i>CALIFORNIA</i> ZIP Code + 4 <i>94108-2702</i></p>	<p>14.a. Nature of payment.</p> <p><i>Phil Davidson is the Trust Fund Consultant for the Teachers Security Fund for Southern Nevada 995 for which I am a Trustee. Phil invites the plan Trustees to join him for dinner to discuss his recommendations and reports at the next Trust Fund meeting. He inquires to see if we've experienced any problems with the fund since the last meeting. I joined Phil for dinner at Pizzeria Restaurant on 1-21-05, 3-24-05, 5-16-05, 7-19-05, 9-23-05 and 11-17-05 we dined at Del Frisco's Restaurant. Phil paid for dinner. I would estimate those meals to run between \$75.- to \$85.- each.</i></p>
<p>13.b. Is the Business an Employer or Consultant <i>Health and Welfare X ? Trust Fund Consultant</i></p>	<p>14.b. Amount of payment.</p> <p><i>\$450.- to \$510.-</i></p>